



*Building a System of Care for Trauma-Informed &
Trauma Sensitive Services in Massachusetts:
A Multi-Level Approach*



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Women Embracing Life and Living [WELL] Project

- *Funded by SAMHSA*
 - *Phase I* – Two years for planning & developing integrated systems
 - *Phase II* – Cross site study comparing outcomes of women receiving trauma-informed integrated services with women receiving services as usual



Women Embracing Life and Living [WELL] Project

- *Attempts to move MA service system towards integration by working on three levels*
 1. Agency
 2. Community
 3. State



Massachusetts

- **Statewide system for policy, funding**
- **Privatized service delivery system**
- **Medicaid managed care - 9 years**



- **Key state agency for every “separate” population**
 - **DMH, DPH (SA), DMR**
 - **Violence**
 - **DSS - Battered women**
 - **DPH - Sexual assault**
 - **Prevention / treatment split**
- **No separate family or kids agency or cabinet**
 - **Children and family services scattered in many departments**
 - **Current re-organization attempts**



- **MA effective in establishing collaborative pilot projects**
- **Difficult to move positive outcomes from pilots to infrastructure**
- **Frequently create new level of bureaucracy when attempting to change infrastructure**



Massachusetts DMH Trauma Initiatives

1996 Task Force on Seclusion & Restraint

- Regulations re: Seclusion & restraint reduction
- Clinical guidelines re: Care & treatment of trauma victims
 - Trauma Informed Services Assessment
 - De-escalation Safety Tool

1999 – Treatment of Individuals with a History of Trauma policy statement



- ***OUR GOAL:*** Move from pilots to systems change
- **IHR - history of systems work with most state agencies**
- **Outside agency can sometimes transcend “turf” issues**
- **Start with respect, building bridges, communication**
- **Slowness of systems change**
- **WELL Project - federal \$ to bring state policy makers together**



Historical Differences in Points of View of Substance Abuse, Mental Health & Violence Service Providers

- Causality & central or primary issue
- Disease model & diagnosis
- Collaborative vs. expert model
- “Readiness” for treatment
- Mandated treatment – empowerment
- Use of language – safety; CSR
- Confidentiality & documentation
- Use of psychotropic medication
- Abstinence & relapse



Programmatic Barriers

Tension Between Service Providers Due to:

- **Different histories & different points of view**
- **Different knowledge bases / lack of cross training**
- **Fear of loss of role**
- **Fear of being asked to do something new without sufficient support**



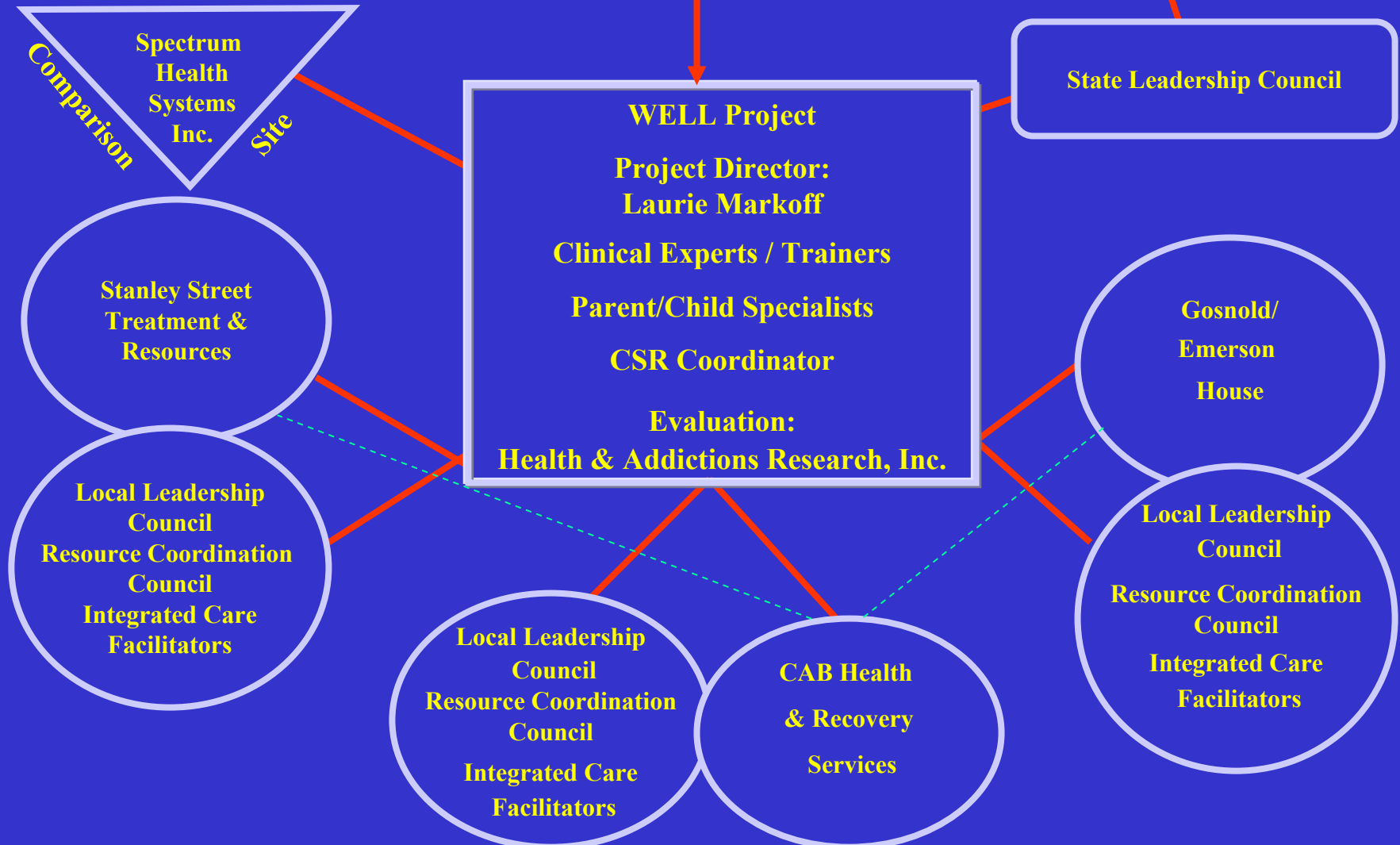
Systems Issues

- **Lack of focus / knowledge across state agencies on interrelationships of substance abuse, mental illness, and trauma**
- **Turf issues – “*Trauma a mental health issue*”, “*Violence belongs to DSS*”**
- **Acknowledgement = Greater funding**
- **Lack of specific funding for trauma within SA treatment system**
- **Lack of knowledge about / services for kids of substance abusing parents affected by trauma**



WELL Project: Organizational Chart

Institute for Health & Recovery
Executive Director: *Norma Finkelstein, Principal Investigator*





- **Built on Community Consensus Building Collaborative Model – 2 year SAMHSA Exemplary Co-Occurring Disorders Grant**
- **Principles for Care and Treatment of Individual with Serious and Persistent Mental Illness**
- **Was not gender specific; did not address trauma**



Systems Change Strategies

- **Engage key state policy makers in SLC**
- **Conduct values clarification – LLC / SLC, local providers**
- **Provide training on violence / trauma & specific trauma interventions statewide to providers & state agency personnel**
- **Conduct round tables / policy forums, stakeholder meetings with commissioners, policy makers, providers, consumers**



Systems Change Strategies

- **Bring issue of trauma up in multiple forums**
- **Utilize other state agency discussions of importance of trauma to impact BSAS / DMA / MBHP**
- **Create subcommittee on children's MH to discuss problems, recommend solutions**



Systems Change Strategies

- **Work on funding / reimbursement issues with BSAS / DMA / MBHP**
 - **Concept paper, qualifications of providers; recommended curriculums, etc.**
- **Seek input / participation from local providers, consumers**
- **At provider level – Cross training, values clarification “integrated supervision”; ICF’s**
 - **Collaborative process – What would you need to provide integrated treatment?**



Local Leadership Councils

- 1. Invited everyone to the table**
- 2. Engaged in values clarification**
- 3. Increased shared knowledge due to cross training**
- 4. Increased networking among community providers**
- 5. Created service maps**
- 6. Identified gaps & barriers**
- 7. Developed ideal integrated continuum of care, maximizing existing resources**

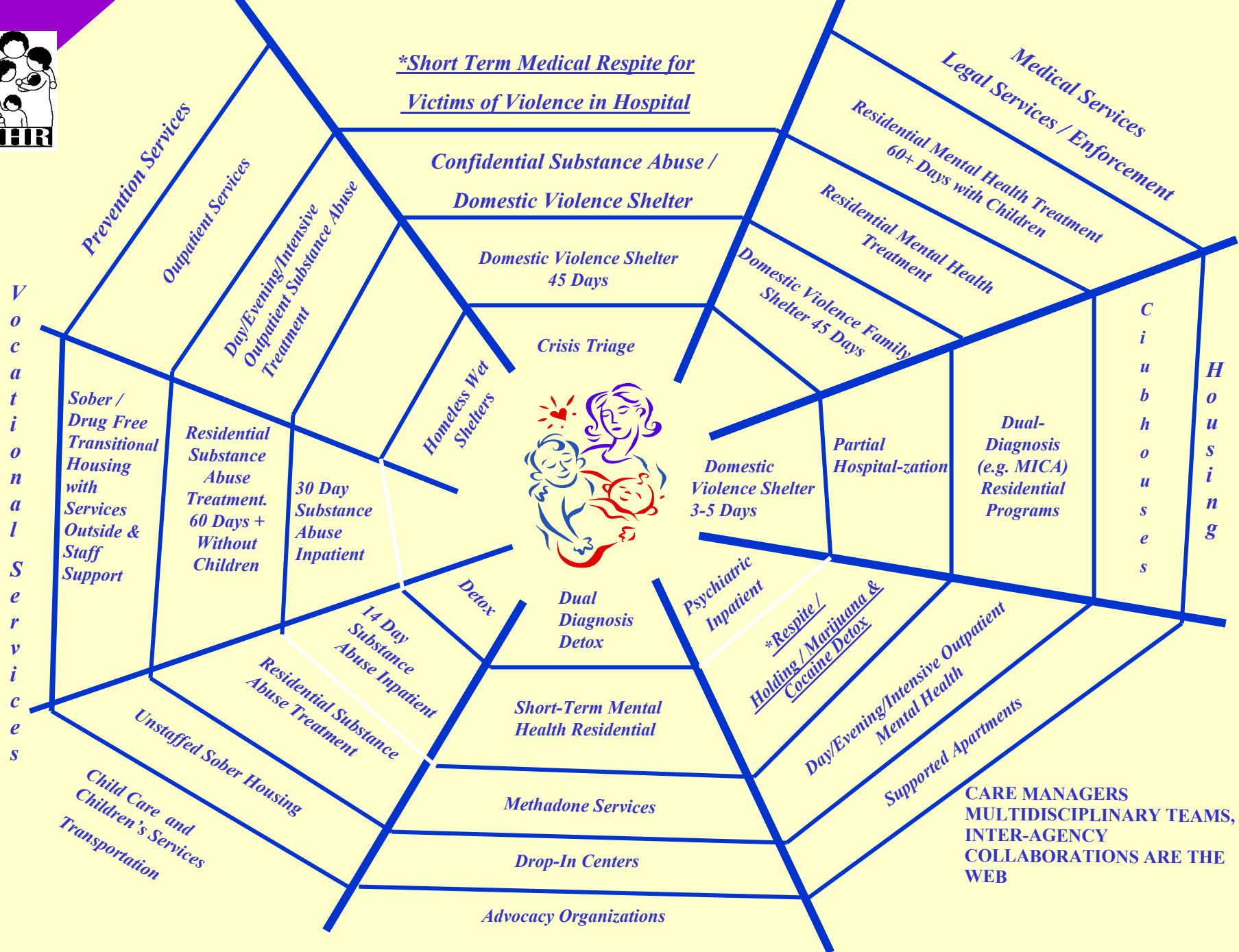


Local Leadership Councils

- 8. Developed prioritized recommendations to the SLC:**
 - Policy
 - Pilot projects / program expansion / service enhancements
- 9. Developed projects to address local gaps & barriers**
- 10. Formed resource coordination councils to develop procedures for cross-referral, information-sharing, interagency treatment planning**



**Short Term Medical Respite for
Victims of Violence in Hospital*



**Not Currently Available*



LLC Projects

Fall River

- **Training on identifying DV for health care providers**
 - **Universal screening protocol / training curriculum**

Northeast

- **Brochure for providers on screening for DV & early safety planning**
- **Recommended intake assessment questions about children: for adult MH & SA service agencies**



LLC Projects

Cape Cod / Islands

- **LLC – Integration subcommittee of Regional DV Council**
 - **Create Consumer Advisory Board**
 - **With Cape Chapter of Employers Against DV – Create training internships that will lead women to self-sufficiency**



State Leadership Council [SLC]

- **State agencies [DMH, DPH, DSS, DMA]**
- **Legislators**
- **Advocacy organizations**
- **Providers**
- **C/S/Rs**
- **Academic institutions**



SLC Accomplishments

1. Principles for trauma-informed care of women with co-occurring mental health & substance abuse disorders

- All major state agencies & providers signed

Principles include:

- A comprehensive, continuous, integrated service system
- Consumer / women centered
- Trauma
- Safety
- Family focused
- Diversity



SLC Accomplishments

- 2. Self-assessment tool kit for providers / organizations
[implementation of principles]**
- 3. “Developing trauma-informed organizations: A Tool Kit”**
Includes:
 - **Instructions**
 - **Principles**
 - **Self assessment for providers**
 - **Organizational self-assessment**
 - **Planning tool**
- 4. Prioritized set of recommendations for policy changes &
expansion of existing programs**
- 5. Pilot Projects**



Policy Recommendations from SLC

1. Adequate funding & training be made available so providers of mental health, substance abuse & violence services can conduct assessments in:

- **Substance abuse**
- **Mental health**
- **History of violence**
- **Current safety**
- **Children's need for services**
- **Medical status**
- **Legal status**
- **Housing status**
- **Financial status**



2. Training be provided for staff of mental health, substance abuse & violence programs re:

- **Basic understanding of trauma, substance abuse, mental illness & their interaction**
- **Risk for retraumatization by staff & peers**
- **Vicarious traumatization & self-care**
- **Common medication side effects**
- **Non-violent de-escalation techniques**
- **Informed consent**
- **Empowerment-based treatment**



- 3. Funding & reimbursement for staff time to attend training should be provided**
- 4. Expansion of housing & residential treatment programs for women with co-occurring disorders & histories of violence**
- 5. Expansion of domestic violence shelter beds that can accommodate older children & boys**
- 6. Provide enhanced rate for detox & residential tx., for women with co-occurring SA / MH disorders & for women with trauma symptoms**



- 7. Prioritized recommendations for pilot projects**
- 8. Prioritized recommendations for policy changes/program expansion**
- 9. Development of resource coordination councils to develop procedures for cross-referral, information-sharing, interagency treatment planning**
- 10. Require programs to have procedures in place to help a woman access corresponding level of care in another community if not safe for her to use the one in her local area**
- 11. Require programs to have procedures in place to screen new admissions & determine whether they are perpetrators of current clients, & procedures to refer perpetrators to other providers**



Pilot Projects Proposed by LLCs & SLC

- 1. Respite child care without transfer of custody or involvement of child welfare for women in inpatient settings**
- 2. Respite facility for women & children with security for:**
 - Women fleeing DV to meet with advocate**
 - Women detoxing from cocaine / marijuana [& not able to be admitted to an inpatient center] to meet with SA counselor**
 - Women with MH difficulties who need respite**



- 3. Residential program, with security, for victims of domestic violence who also have substance abuse / mental health disorders**
- 4. Transportation vouchers to out of area detox for women who need access outside local area for safety reasons**



Implementation

- 1. BSAS agreement to fund trauma groups in outpatient substance abuse treatment.**
- 2. Discussions with Medicaid on trauma group reimbursement**
- 3. Regular provider trainings focus on trauma topics**
- 4. Statewide conference showcases trauma group curriculums**
- 5. SA working group established as part of Governor's Commission on DV**
 - Proposal to fund cross system specialists & training**



Implementation

- 6. Governor's Commission on DV sponsors statewide conferences on DV, SA & MH**
- 7. Fund Substance Abuse-Domestic Violence Summits in every DPH region**
 - Submit report and recommendations to Governor's Commission on DV
- 8. BSAS RFR / Terms & Conditions requires programs to be trauma informed as well as refer women for trauma specific services as needed**



Implementation

9. Pilot projects between DMH-DPH: mental health services, crisis planning for children of women in residential treatment
10. Trauma / SA included in many other forums
 - Recovery Day
11. DPH sexual assault prevention & survivor services convene 3 policy meetings on sexual assault, SA & women's MH
 - *Purpose:* Develop proposals for a trauma-informed, integrated response to needs of sexual assault survivors who may also have MH & / or SA issues



Implementation

- 12. Governor's Task Force on Sexual Assault and Abuse Report – includes issues of substance abuse and mental health**
- 13. Trauma specific group interventions offered at many substance abuse treatment programs throughout MA**



Lessons Learned

- 1. Use a collaborative approach**
- 2. Create a safe environment in which all points of view are valued & respected**
- 3. Involve consumers from the inception of the project**
- 4. Begin with values clarification**
- 5. Build relationships & create linkages**
- 6. Provide ongoing support for change**
- 7. Work at multiple levels with information flowing between them**



Change in Context

- **Major budget crisis / cuts**
- **New governor – mostly new commissioners DMH / DPH / DMA**
- **EOHHS re-organization**
- **State layoffs / early retirement**